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PTO/SB/21 (09-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/749,760	
	Filing Date	December 31, 2003	
	First Named Inventor	Aldridge et al.	
	Art Unit	3765	
	Examiner Name	Haney	
Total Number of Pages in This Submission		Attorney Docket Number	520219-299

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Check
Remarks The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Account No. 20-0809.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Hine LLP, P.O. Box 8801, Dayton, Ohio 45401-8801		
Signature			
Printed name	Steven J. Elleman		
Date	11/28/06	Reg. No.	41,733

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Steven J. Elleman	Date	11/28/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NOV 30 2006

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Effective on 12/08/2004.
Fees are subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

900.00

Complete if Known

Application Number	10/749,760
Filing Date	December 31, 2003
First Named Inventor	Aldridge et al.
Examiner Name	Haney
Art Unit	3765
Attorney Docket No.	520219-299

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)		Multiple Dependent Claims	
Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
50	25		
200	100		
360	180		
<u>Total Claims</u> <u>40</u>	<u>Extra Claims</u> <u>10</u>	<u>Fee (\$)</u> <u>50</u>	<u>Fee Paid (\$)</u> <u>500</u>
<u>58</u> - <u>20</u> or HP = <u>10</u>	<u>x</u> <u>50</u>	= <u>500</u>	
HP = highest number of total claims paid for, if greater than 20.			
<u>Indep. Claims</u> <u>4</u>	<u>Extra Claims</u> <u>2</u>	<u>Fee (\$)</u> <u>200</u>	<u>Fee Paid (\$)</u> <u>400</u>
<u>6</u> - <u>2</u> br HP = <u>2</u>	<u>x</u> <u>200</u>	= <u>400</u>	
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>_____</u>	<u>_____</u>	<u>/ 50 =</u> <u>_____</u> (round up to a whole number)	<u>x</u> <u>_____</u>	<u>=</u> <u>_____</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 41,733	Telephone 937-443-6838
Name (Print/Type)	Steven J. Ellehan		

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CERTIFICATE OF MAILING

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11/28/06

(Date of Deposit)

 Attorney

41,733
Reg. No.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Applicant : Aldridge et al.
Serial No. : 10/749,760
Filed : December 31, 2003
Title : GARMENT WITH STORAGE POUCH
Docket : 520219-299
Examiner : Haney
Art Unit : 3765

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office action mailed on August 29, 2006, please amend the above-identified application as follows:

11/30/2006 EAYALEW1 00000031 10749760

01 FC:1201
02 FC:1202

400.00 OP
500.00 OP